

such was his state of exhaustion, that the propriety of amputation was questionable. He had, however, rallied sufficiently in about two hours, under powerful stimulants, and the amputation was performed without chloroform, and apparently without pain; but such was his condition that he could not be removed from the table for some hours. He ultimately recovered. Chloroform, I think, under these circumstances would have killed him. In conclusion, I may state that I was present at every operation under chloroform performed at the General Hospital in camp during the siege, and several in the 3d Division; that in many instances I administered the chloroform myself, generally on a piece of lint, the patient always being in a recumbent position, and in no instance was organic disease detected, and I most reluctantly come to the conclusion: 1. That there are states of shock, or depression from loss of blood, following extensive injury—such as the loss of a thigh high up, or the arm at the axilla—in which chloroform may destroy life in various ways. 2. There are likewise cases in which, as I have stated, the patient never fairly rallies, but sinks gradually without any effort at reaction; these cases are never returned as deaths from chloroform. 3. I cannot subscribe to this kind of argument sometimes used to justify its indiscriminate use, viz.: that the invariable absence of pain to the patient and advantage to the surgeon, fully counterbalance the risk of an occasional fatal termination. In trifling injuries, life is too precious to be thus trifled with; it is opposed to all moral laws, nor can the opinion of hosts of authors, dead or living, make it right in such cases."—*Med. Times and Gaz.*, August 30, 1856.

43. *Injection of Balsam of Copaiba in Gonorrhœa.*—M. DALLAS, of Odessa, states, in confirmation of the observations already published by Taddol, Marchal, and others, that the injection of balsam of copaiba is the most efficacious mode of treating gonorrhœa. In sixteen cases he has so employed it, using no internal remedy, either in recent or old gonorrhœa, with complete success. His formula is copaiba, five drochms; one yolk of egg; gummy extract of opium, one grain; water, seven ounces. The injection should be used several times a day.—*Brit. and For. Med.-Chirur. Rev.*, July, 1856, from *L'Union Médicale*, No. 2, 1856.

44. *Lupulin in Spermatorrhœa.*—Dr. PESHNECK has employed lupulin for several years in a great number of cases in which spermatorrhœa seemed to depend upon no mechanical cause. At first, he used to give two grains night and morning; but finding such doses of no avail, he prescribed from tea to fifteen grains to be taken just before bedtime, prohibiting the drinking of water after it. From such doses, even continued for a long time, he has found no inconvenience to arise, while they have acted beneficially on the disease. In some cases he combined with it one or two grains of *pulv. digitallis*. A valuable peculiarity in the operation of lupulin, is the beneficial action it exerts upon the digestive process, which so often suffers in these cases. It is also very useful in mitigating the urethral irritation and discharges consequent on former excesses, and in many cases more so than iron or quinine. Its especial utility in the chordee of gonorrhœa, Dr. Peshecek has had many opportunities of witnessing. It is best administered without any additions that might diminish its bitterness, as its effects are very proportionate to the intensity of this property. Old lupulin deprived of its oil and bitter taste is almost always useless.—*Ibid.*, from *Buchner's Repert. für Pharm.*, No. 1, 1856.

45. *Large Doses of Opium in Obstinate Chancre.*—M. ROUZE observes that the general conclusions to be drawn from the observations of writers on syphilis are: 1. That opium, conjoined with mercury, in the treatment of bad chancres, acts as a powerful auxiliary. 2. That it often cures ulcers of this description that have not yielded to mercury. 3. That it may ameliorate, but not cure, such ulcers, when given alone, and without having been preceded by mercury. 4. That it is well suited for assuaging the inflammation which complicates syphilitic accidents.

After considerable employment of it in such cases, he has himself come to

the conclusion that it is an error to regard it as a mere succedaneum of mercury; it acting, in fact, most efficaciously in just those cases in which mercury is of least use, and *vice versa*. Thus, in constitutional syphilis, it acts as a more corrective of the powerful specifics with which it is conjoined, and should only be given in very small doses. Here, as also in the case of indurated chancre, given alone and in large doses, it not only would do no good, but might do great mischief. When, however, the chancre manifests any tendency to phagedena, or is irritable and painful, mercury should be rigidly forbidden, whilst opium is always useful in assuaging the pain, diminishing the irritability, and modifying the suppurative process. But the case in which truly remarkable effects are produced by opium, and in which it acts almost as a specific, is that of *phagedenic, serpiginous ulcers*. These are fortunately rare. All those met with by the author have succeeded to a virulent bubo, which empties itself of a sanious discharge. The bottom of the ulcer is grayish, pulsatious, and irregular. Its edges are raised, very jagged, and deeply detached, so that the ulcer is always much larger than it appears to be at first sight. If the edges are raised up, we may observe, at several points, nonfractuous cavities, irregularly disposed, and filled with sanies and organic debris. These result from a chancreous erosion, which seems to act by destroying the tissues circularly around several partial centres. The general progress of the ulcer consists in its extension from the centre to the circumference, its edges being formed by partial, semicircular ulcerations, each having its particular centre, and extending from this to the circumference. These partial ulcers do not extend uniformly, some progressing much more rapidly than others, giving always an irregular form to the principal ulcer. Not only do they destroy the subcutaneous tissues, but they also gnaw away the deeper surface of the skin, rendering it more and more thin, until at last it disappears. Sometimes it is the free edge of the skin that first disappears, and, at others, the portion corresponding to the small *cul-de-sac* of the little ulcer, so that we then see around the circumference of the principal sore one or several little ulcers, with notched and everted edges, which look like chancreous pustules accidentally developed around this ulcer. Once formed, these little sores continue to enlarge until the skin separating them from the large one is completely destroyed. But, as these small ulcers become confounded with the original ulceration, other partial ulcerations are produced in the same way. To these others succeed, and so on, for an indefinite period. Ulcerations of this kind may persist for years, laying waste vast regions, extending from the inguinal region along the upper part of the thigh, the hypogastrium, the scrotum, perineum, or the buttock. The irregularity of their form is usually greater in proportion to their extent, and is shown in advancing and retreating angles, and sinuous and irregular lines, which cannot be more accurately compared than with the lines of certain shores as depicted on geographical maps. The sore progressively cicatrizes over as it extends, fresh ulcerations simultaneously breaking out, so that no actual displacement from its original locality has taken place. Sometimes, the cicatrices are only partial, forming a kind of islets; but such cicatrices are sometimes destroyed by the ulceration taking a retrograde course. Generally, the surface of the ulcers is viscidaceous, and formed of softened tissue devoid of vitality. The edges are always more irritable than the centre, bleeding easily, sensitive to the slightest touch, and the seat of incessant pain of varying degrees of severity. These ulcers never give rise to constitutional symptoms, whatever their extent or duration, but the patient becomes gradually enfeebled, and falls into a state of marasmus, his spirits being at the same time much depressed. The appetite and digestion are feeble, sleep is interrupted, the skin becomes dry, and the countenance assumes a leaden, roughened aspect.

No form of syphilis resists the action of remedies with such tenacity as do these phagedenic serpiginous ulcerations. M. Rodet, prior to resorting to large doses of opium, treated them by a great variety of means, without any satisfactory result. The cyanids of potassium, although incapable of healing them, effected considerable emendment in their appearance. The iodide of potassium was found to be of no avail; and those who believe in its efficacy have confounded these primary ulcers with other serpiginous ulcerations, which much

resemble them in appearance, but which appear during the tertiary period of syphilis. As to mercury, not only is it useless, but mischievous, and should be rejected. When the ulcers decidedly manifest the appearances above described, opium exerts a most beneficial effect upon them. In less well-marked cases, it is also useful, but its efficacy is not so complete. For this remedy to succeed, therefore, it is necessary that the case be properly chosen, and that it be administered with certain rules and precautions. M. Rodet prefers the gummy extract to any other preparation, and always commences with small quantities (as five or ten centigrammes),¹ in order to ascertain whether the patient will bear the remedy well. This quantity must be increased gradually, and somewhat rapidly, as every second or third day; for, when the increase is made too slowly, the effect is far less satisfactory. Not only must the dose be increased at short intervals, but also somewhat suddenly, as the economy has not then time to become habituated to the action of the remedy, which then exerts upon it more rapid and more complete modifications. Such increase must be continued until the therapeutic effect is produced. When the ulcers are covered with granulations, and tend to cicatrization on every side, further increase is uncalled for; and, when the sore has taken on the aspect of a simple ulcer, we pursue a retrograde course, diminishing the quantity more or less rapidly until complete cicatrization is obtained, when the opium must be left off.

If some obstacle impedes the progress of cicatrization, the opium does not operate against this, which has to be removed by other means; and the neglect of this precaution may lead to the loss of much time, and to the taking of large unnecessary quantities of opium. The opium must not be given in too divided doses, as, if the stomach be kept too constantly under its action, digestion is interfered with. The entire daily quantity should be taken at two doses, morning and evening, leaving a sufficient space of time after meals to secure the completion of the digestive process before administering it. If this is not attended to, indigestion, accompanied by nausea, vomiting, diarrhoea, sweating, prostration, or cephalalgia, &c., comes on; compelling a temporary cessation of the remedy, and reacting unfavourably on the ulcer. Sometimes, notwithstanding this precaution, the stomach becomes fatigued, and digestion is indolent and accompanied by nausea. This inconvenience is easily avoided by recommending the patient to take light wines with their meals, proportionate to the quantity of opium employed. Thus, suppose the quantity of opium taken daily amounts to fifteen grains or thereabouts, from a pint to a quart of wine should be allowed. The wine not only corroborates the functions of the stomach, but exerts analogous effects on other organs. Thus, constipation, so common a consequence of taking opium, is almost certainly obviated by this means, and an excess of sleep is quite exceptional. The wine is, indeed, an indispensable corrective of opium when given in large doses. If, in spite of all precautions, the head becomes heavy or painful, the conjunctiva injected, or other signs of cerebral congestion appear, the opium must be at once left off, mustard poultices applied to the limbs, and the question of leeching the anus or of general bleeding taken into consideration. If diarrhoea occurs, which is rare when wine is given with the opium, it is usually obstinate, but, refusing to yield to astringents, it does so to ipecacuanha given in emetic but divided doses.

As under the employment of the opium in these cases the general health becomes rapidly moribund, it is evident that it exerts a powerful action upon the entire economy. M. Rodet furnishes the details of two of his cases. In the first of these, the daily quantity of 10 centigrammes of opium began with on November 9, was gradually augmented to 80 on December 6, and to 90 on January 22, thence descending again to 60 on February 3. In the other, the quantity of 10 centigrammes, began with on January 19, was raised to 80 on March 21, and then diminished by 5 centigrammes every 5 days; but relapse occurred in this patient, and we find him taking from 40 to 60 centigrammes during November.—*Med. Times and Gaz.*, August 16, 1856, from *Bull. de Thérap.*, xlix.

¹ A centigramme is one-seventh of a grain.